

**FORM
5A**Rev
09/20**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

402661506

Date Received:

05/12/2021

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 691752. Name of Operator: PDC ENERGY INC3. Address: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 802034. Contact Name: Valerie DansonPhone: (970) 506-9272

Fax: _____

Email: valerie.danson@pdce.com5. API Number 05-123-22556-007. Well Name: GAMEWELL6. County: WELDWell Number: 58. Location: QtrQtr: NWNE Section: 34 Township: 5N Range: 64W Meridian: 69. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 01/25/2005
Perforations Top: 6552 Bottom: 6834 No. Holes: 248 Hole size: 42/100 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: CIBP set at 6502' topped with 2 sxs of cement and pressure tested to 1000 PSI for 10 Minutes, safety shut in with a 5K wellhead for PDC's Erwin/Huron/Pikes/Pharaoh/Pyramid offset Fracs. At this time PDC plans on returning the well to production once the offset fracs have been completed.

Date formation Abandoned: 01/21/2021 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6502 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Valerie Danson
Title: Reg Tech Date: 5/12/2021 Email: valerie.danson@pdce.com

Attachment List

Att Doc Num	Name
402661506	FORM 5A SUBMITTED
402686564	OPERATIONS SUMMARY
402686566	WELLBORE DIAGRAM
402686568	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)